		Cut nere and give F	orm w-4 to your emplo	yer. Keep the to	op part for your re	ecoras	
Form	W-4	Employee	e's Withholding	g Allowan	ce Certific	ate	OMB No. 1545-0074
Department of the Treasury			ntitled to claim a certain number of allowances or exemption from the IRS. Your employer may be required to send a copy of this fo				2007
1	Type or print your	first name and middle initial.	Last name			2 Your social se	curity number
	Home address (nu	mber and street or rural route)	3 Single Married Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.				
	City or town, state	e, and ZIP code	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ □				
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)						
6	Additional amount, if any, you want withheld from each paycheck					L	6 \$
7	I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.						
	If you meet both conditions, write "Exempt" here						
Emp (Forn	r penalties of perjur loyee's signature n is not valid s you sign it.)	y, I declare that I have examined e	I this certificate and to the b	est of my knowled	ge and belief, it is tru Date ▶	e, correct, and com	plete.
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending			ding to the IRS.)	9 Office code (optional)	10 Employer ident	tification number (EIN)
For Privacy Act and Paperwork Reduction Act Notice, see page 2.					Cat. No. 10220Q	'	Form W-4 (2007)